

# CHILDCARE EDUCATION RESOURCES, INC.

## TRAINING REGISTRATION FORM

- Complete the information below. One form per person, please. Duplicate as many copies as needed. If you will be unable to attend a class, please be courteous to others and **CANCEL** your registration by 1:00 p.m. the business day before the scheduled workshop. We have people on waiting lists to attend our workshops.
- Your registration form must be received by CER, either by mail or delivered to one of our offices, **3 business days** prior to the class in order for your name to be on the class roster. You should receive a confirmation in time if received at least one week prior to first class.
- **CHILDCARE IS NOT PROVIDED IN WORKSHOPS.** Please make other arrangements.

### Please Print

Name \_\_\_\_\_ SS# **■ ■ ■ - ■ ■ -** \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Center ☐ or Home Daycare ☐: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### Return Confirmation:

☐ Do Not Send Confirmation

☐ By Fax - Fax Number: \_\_\_\_\_

Date of Class	Title of Class	Location	Cost (if any)
			\$

### MAIL THIS FORM TO:

CHILDCARE EDUCATION RESOURCES, INC.  
749 THOMPSON STREET  
FLORENCE, ALABAMA 35630-3867

**OR IF NO PAYMENT IS NECESSARY, YOU MAY FAX TO: (256) 740-6639**

### OFFICE USE ONLY!

AMOUNT PAID \$ \_\_\_\_\_

CHECK #: \_\_\_\_\_ CASH \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

ENTRY BY: \_\_\_\_\_

CONFIRMATION PRINTED ☐

In order to receive **FULL** credit for any training, you **MUST** be an active participant and be present for the entire training. You are expected to arrive on time and stay the duration of the workshop in order to get full credit. **THE DOORS WILL BE CLOSED AFTER THE WORKSHOP BEGINS.** No one will be allowed in after the doors are closed without prior approval from a CER staff member. All registration is on a first-come, first-serve basis.